

Application for ADA Paratransit Service

Paratransit Service is specialized transportation service for persons with disabilities, seniors with disabilities, handicapped and who are unable to independently use PAT fixed routes.

Paratransit is provided by public transportation systems as part of the requirements of the Americans with Disabilities Act (ADA).

In order to use ADA paratransit service, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

1). Please answer **FULLY** all of the questions on the form, and return it to our office as soon as possible. (**Incomplete applications will delay approval**). **If there are questions while filling out application, please call our office. (804-733-2413) for assistance.**

2). Applications will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **COMPLETE** application. You will receive a letter as to whether or not you are eligible.

3). Eligible for all your travel needs on paratransit may be full eligibility or conditional eligibility depending on the nature of your disability or circumstances.

Thank You

PETERSBURG AREA TRANSIT ADA PARATRANSIT ELIGIBILITY APPLICATION

If you have a disability that prohibits you from riding Petersburg Area Transit's urban fixed route bus system, you may be eligible to receive Paratransit Services thru Petersburg Area Transit's service in compliance with the Americans with Disabilities Act (ADA). This application will be used to determine the extent of your disability as it relates to using public transit services.

A few items to remember as you fill out the application...

- A friend or relative may fill out this application on your behalf. If someone fills out the form for you, Part D of the application must be completed.
- It is important that you answer every question on this application form. Please give as much detail as possible. We understand that some of your answers may be personal. Any information received will not be provided to any other person or agency not directly related to the certification process.
- Evaluation of your request cannot begin until we have received the completed form including the signed Part E, Authorization to Release Personal Information.
 - Upon approval you may go to the Petersburg Transit Station at 100 West Washington St. On the 2nd Tuesday of every month from 9am to 12pm to receive an ADA photo identification card.

Please remember...

- Reserve an advance reservation, door to door service.
- Drivers do assist passengers to and from the vehicle, in and out of seats.
- Please indicate on your ADA application if you require a Certified Aide to travel with you. A Certified Aide with their company I.D allows the Aid to ride for free.

Mail the completed application to: **Petersburg Area Transit, 309 Fairgrounds Rd, Petersburg VA 23803.** If you have any questions, please call the Petersburg Area Transit Administrative Office at **(804) 733-2413.**

ADA PARATRANSIT ELIGIBILITY APPLICATION

☐ New Application ☐ Recertification

Please print or type and all questions must be answered.

PART A: APPLICATION DATA

1. Name: _____ Birth Date: _____

2. Street Address: _____

City: _____ Zip: _____

3. Home telephone: () _____ Work telephone: () _____

4. Emergency Contact Person: _____

Day Telephone: () _____ Evening telephone: () _____

5. Race Status:

_____ White or Caucasian _____ Black / African American _____ Hispanic/Spanish

_____ American Indian or Alaskan Native Only _____ Asian Only

_____ Native Hawaiian or Pacific Islander Only _____ Some Other Race Only

_____ Two or More Races Combined _____ Race Unknown or Unreported

6. Do you normally use any of the following mobility aids?

Yes _____ No _____ Manual Wheelchair _____ Electric Wheelchair
_____ Powered Scooter (3 or 4 wheels)

6(a). Do you have a handicap ramp that meets (Commonwealth of Virginia
"Uniform

State-Wide Building" code for (wheelchair ramps)? Yes _____ No _____

7. Do you need a personal care attendant (other than the operator of the
passenger lift) to assist you to board, ride, or disembark from an accessible
fixed-route bus?

_____ Yes _____ No _____ Sometimes

Please explain when an attendant is _____

Office Use Only:

Approval Date: _____ Attendant: _____

Denial Date: _____ Photo I.D. Date: _____

By: _____ Expiration: _____

PART B: FUNCTIONAL INFORMATION

1. Describe your physical, sensory, and/or mental limitations that prevent you from using a regular fixed-route bus.

2. Are your disabilities....

_____ Permanent _____ Temporary

_____ Variable Until when: _____

3. At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate intention to board?

_____ Yes _____ No _____ Sometimes

Please Explain:

4. Are you able to board and disembark from a fixed-route bus with a wheelchair/passenger lift without assistance (except from the bus driver)?

_____ Yes _____ No _____ Sometimes

Please Explain:

5. What is the maximum time period you can wait without support? _____ Minutes.

PART C: APPLICANT SIGNATURE

I hereby certify that the information given in this application is correct.

Signature: _____

Applicant

Date: _____

PART D: PERSON OTHER THAN APPLICANT COMPLETING FORM

Print Name: _____

Address: _____

Phone where you can be reached: (____) _____

Relationship to Applicant: _____

Signature of other person completing this form: _____

PART E: AUTHORIZATION TO RELEASE PERSONAL INFORMATION

To be completed by verifying professional.

I hereby authorize the limited release of information to the PETERSBURG AREA TRANSIT about my **functional travel abilities**. The information released will be used solely to determine my eligibility for ADA Paratransit Services.

To be completed and signed by Verifying Professional

Name of Professional: **

Agency/Organization:

Phone Number:

Authorized Signature

I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

Applicant must print, date and sign.

Name of Applicant (Print Please)

Date Signed

Signature of Applicant

Verifying "Professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities.



Petersburg Area Transit
Para-Transit Services
Under the Americans with Disabilities Act of 1990 (ADA)
Physician Verification of Disability Form
(Deliver or mail to your doctor)

Doctor: Please complete, sign and mail this Verification of Disability form as soon as possible. Your patient is being considered for enrollment in Petersburg Area Transit Para-Transit service. The information provided in this form is intended to verify any conditions/diseases that prevent your patient from using PAT fixed-route services.

Mail to: Petersburg Area Transit 309 Fairgrounds Road, Petersburg, VA 23803, ATTN: Cynthia Banks, Para-Transit Coordinator

Patient Name _____

DOB _____ Date _____

The patient named above: _____ is currently being treated _____ was formerly treated by me.

Name of condition / disease: _____ Date of onset: _____

Prognosis: _____

Please explain how this prevents your patient from using regular bus service on a fully accessible vehicle (i.e. wheelchair lift equipped):

Does this patient require a travel aide or attendant? _____ Yes _____ No

Disability Status (select one):

☐ Patient will be temporarily disabled of _____ months.

☐ Patient is considered permanently disabled.

FOR VISUAL IMPAIRMENT

Visual Fields or Visual Acuity with best correction (must complete for both eyes): Right eye: _____ Left eye: _____

My signature below certifies that the above information is accurate.

Signature of Physician and Credentials (M.D., O.D)

Print Physician Name and Credentials (M.D., O.D.)

License Number: _____ **State:** _____

Physician's Office Phone Number**

**Must be signed by licensed physician.

*** IMPORTANT NOTICE ***
THIS FORM WILL NOT BE ACCEPTED
UNLESS COMPLETED IN ITS ENTIRETY
BY THE SIGNING PHYSICIAN.